

**CITY OF SACRAMENTO: Application for Economic Development
Treatment Capacity Bank Sewer Credits**



Before submitting this application for processing, please contact the Sacramento Regional County Sanitation District (SRCSD) at (916) 876-6100 to receive a quote stating the number of ESD's required for your business. **This application will not be processed without a quote from the SRCSD.**

Please call Economic Development at 916-808-7223 with any questions as to eligibility for sewer credits or for assistance in completing the application. Please print or type your responses to the questions below and provide additional information as requested. When complete, return to: Economic Development Department, City of Sacramento, by mail at 915 I Street, 4th Floor, Sacramento, CA 95814; or by fax to 916-808-8161.

1. Project Name: _____
2. Address for which Credits sought: _____ Zip: _____
3. Assessor's Parcel Number: _____
4. Legal Name of Business Owner: _____
5. Owner's Mailing Address: _____
6. Owner's Phone Number : (____) _____ Owner's Fax Number: (____) _____
Owner's email address: _____
7. Brief Project Description: _____
8. Please mark the category that best describes your project:
 - A. Residential _____ Number of Units _____ Low Income Project*? Yes _____ No _____
 - B. Single Resident Converting from Septic Tank _____
 - C. Commercial _____ Number of new jobs from creation/expansion** PT _____ FT _____
 - D. Mixed _____ Number of Residential Units** _____ Number of new jobs from creation/expansion** _____
9. Are sewer credits being sought for a business relocating from another site within the Sacramento Metropolitan area? Yes _____ No _____ If yes, what address relocating from? _____

Applicant signature: _____ Date: _____

Print Applicant's Name: _____

*Low-and very-low-income housing as defined in California Health and Safety Code Sections 50079.5 and 50105.

** WARNING: A failure to meet stated "jobs and/or residential units built" projections with actual "jobs and/or residential units built" goals may result in the City recovering from you the amount of the sewer impact fees that would have been due without the ESD credits.

To be completed by City:

Prepared By: _____ Number of approved ESDs: _____

Approved By: _____

Date

Notes and Project Information:
